

PART B - ISSUE FEE TRANSMITTAL

MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 2 through 6 ~~could~~ be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advanced orders and notification of maintenance fees will be mailed to addressee entered in Block 1 unless you direct otherwise, by: (a) specifying a new correspondence address in Block 3 below; or (b) providing the PTO with a separate "FEE ADDRESS" for maintenance fee notifications with the payment of Issue Fee or thereafter. **See reverse for Certificate of Mailing.**

1. CORRESPONDENCE ADDRESS	2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)
DALE LYNN CARLSON OLIN CORPORATION 350 KNOTTER DR. P.O. BOX 586 CHESHIRE, CT 06410-0586	INVENTOR'S NAME
	Street Address
	City, State and ZIP Code
	CO-INVENTOR'S NAME
	Street Address
	City, State and ZIP Code
	<input type="checkbox"/> Check if additional changes are on reverse side

SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
07/576,576	08/31/90	008	NELSON, P	224 08/30/91
First Named Applicant: CANTERBERRY, JB				

TITLE OF INVENTION: ELASTOMER-CONTAINING CASINGS FOR PROPELLANTS

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
3 M-0365-B	102-332.000	559	UTILITY	NO	\$1050.00	12/02/91

3. Further correspondence to be mailed to the following: Dale Lynn Carlson Olin Corporation 350 Knotter Drive P.O. Box 586 Cheshire, CT 06410-0586	4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.
	1 <u>Dale Lynn Carlson</u>
	2 _____
	3 _____

CS14385 09/25/91 07576576
CS14386 09/25/91 07576576

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15-0472 140 142 1,050.00CH
15-0472 140 501 22.50CH

5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)		6a. The following fees are enclosed:	
(1) NAME OF ASSIGNEE: OLIN CORPORATION		<input type="checkbox"/> Issue Fee <input type="checkbox"/> Advanced Order - # of Copies _____	
(2) ADDRESS: (City & State or Country) CHESHIRE, CONNECTICUT		6b. The following fees should be charged to: (Minimum of 10)	
(3) STATE OF INCORPORATION, IF ASSIGNEE IS A CORPORATION Virginia		DEPOSIT ACCOUNT NUMBER <u>15-0472</u> (Enclose Part C)	
A. <input type="checkbox"/> This application is NOT assigned. <input checked="" type="checkbox"/> Assignment previously submitted to the Patent and Trademark Office. <input type="checkbox"/> Assignment is being submitted under separate cover. Assignments should be directed to Box ASSIGNMENTS.		<input checked="" type="checkbox"/> Issue Fee <input checked="" type="checkbox"/> Advanced Order - # of Copies <u>15</u> <input type="checkbox"/> Any Deficiencies in Enclosed Fees (Minimum of 10)	
PLEASE NOTE: Unless an assignee is identified in Block 5, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.		The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above. (Signature of party in interest of record) <u>Dale Lynn Carlson</u> (Date) <u>9-20-91</u>	
		NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.	

TRANSMIT THIS FORM WITH FEE-CERTIFICATE OF MAILING ON REVERSE

Certificate of Mailing

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

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on September 20, 1991
(Date)

Dale Lynn Carlson
(Name of person making deposit)

Dale Lynn Carlson
(Signature)

September 20, 1991
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This form is estimated to take 20 minutes to complete. Time will vary depending upon the needs of the individual applicant. Any comments on the amount of time you require to complete this form should be sent to the Office of Management and Organization, Patent and Trademark Office, Washington, D.C. 20231 and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.